reviews

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A War of Nerves: Soldiers and Psychiatrists 1914-94

Ben Shephard

Jonathan Cape, £20, pp 487
ISBN 0 224 06033 3

Rating: ★★★★

This book is a scholarly tour de force drawing on a rich range of source material, including the first hand accounts of soldiers themselves, evocative but unsentimentalising. It describes the diagnostic eras of shell shock, battle fatigue, and post-traumatic stress disorder in the particular political, cultural, and medical contexts of their time. I sat down to it in the week in which the relatives of the 307 British soldiers executed in the first world war for "cowardice" were included in cenotaph ceremonies for the first time; 2700 others had had death sentences commuted. The German army executed only 48 men and were readier to evacuate men from the front lines on psychological grounds and to provide specialised treatment. The French were single minded and ruthless, both about evacuation and, in the aftermath, about pensions. It was the other way round in the second world war, with the German army taking a ferocious approach to discipline and executing up to 15 000 of its men.

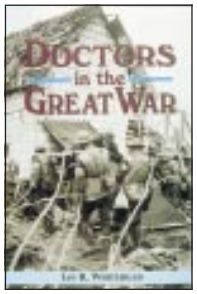
Military authority has always been suspicious that doctor attested disability on psychiatric grounds undermined discipline, promoted malingering, and led to excessive war pension payouts—indeed, in 1939, 40 000 British former servicemen were still receiving pensions for mental disorders from the first world war and a further 80 000 cases had been settled. At the Somme Sir Hubert Gough sought to have Lieutenant Kirkwood, the batallion doctor, dismissed: "It is not for a medical officer to inform a commanding officer that his men are not in a fit state to carry out a military operation." A commander in North Africa in 1943 maintained that a man in breach of discipline had only to tell a psychiatrist "of his mother being frightened before he was born or some such plausible tale" and he would be let off.

Moving through the Korean to the Vietnam war, Shephard gives a telling account of the extraordinary contrast between the way it was perceived at the time (low psychiatric casualty rates) and its legacy (480 000 veterans said still to have post-traumatic stress disorder 15 years after the war ended). Post-traumatic stress disorder was much more a political product than a medical discovery, with anti-war US psychiatrists being key players. But by 1997 reviews of treatment programmes for post-traumatic stress disorder were concluding that they had failed and had bred a population of veterans with a professional investment in being chronic cases and little else. What also emerged for the first time was a bridge between war neurosis and civilian experiences in peacetime, with still unfolding consequences for today's culture of trauma (and compensation). Shephard concludes that doctors of the post-traumatic stress disorder generation have gone through the same learning process as doctors in the first world war, and that there is a recurring cycle to the war neuroses: the problem is first denied, then exaggerated, then understood, and finally forgotten.

Derek Summerfield *honorary senior lecturer, department of psychiatry, St George's Hospital Medical School, London*

Doctors in the Great War

Ian R Whitehead



Leo Cooper, £25, pp 309
ISBN 0 85052 691 4

Rating: ★★★

Many books have been written about the first world war, but few have addressed medical experiences. Ian Whitehead, a lecturer in modern British history, wrote his PhD thesis on medical officers and the British army during the first world war, which forms the basis of this book. Well researched and documented, the text is complemented by 20 photographs reproduced from collections held at the Imperial War Museum. The book opens with a discussion of military medical services from the time of the Crimean war until the first world war (1854-1914), specifically the efforts by the British Medical Association to improve the status of medical officers. Turning to medical experiences during the first world war, Whitehead discusses tensions between military and civilian requirements, the training (or lack of) of medical officers for war services, medical administration on the western front, and the work of the medical officers along the lines of evacuation and their role in maintaining the health and morale of the troops. He also assesses the long term impact of doctors' wartime experiences on medicine and society.

Whitehead suggests, in an interesting argument, that the constraints which military discipline placed on doctors' professional freedom helped to reinforce their opposition to a state medical service.

He also writes that women's work, which showed that they were able to match that of male doctors in terms of quality and range, strongly advanced the case for equality in the medical profession. Yet he also points out that the interwar period witnessed similar experiences for women doctors to those that existed before 1914, showing that the discrimination had little to do with actual talent. Some of the problems that medical officers had to deal with—such as shell shock, sexually transmitted diseases, and the debates about anti-typhoid inoculation—provide further insights into wider social attitudes.

Whitehead is perhaps too ready to pass judgment—for example, claiming that, while there would always be strong vocal opposition to the use of prophylactics, "it was verging on the criminal for the War Office not to sanction their adoption when they could so easily have prevented the invaliding of a great deal of men." Clearly the War Office had other priorities. Overall, the book provides some useful insights into the status and experiences of medical practitioners around the time of the first world war.

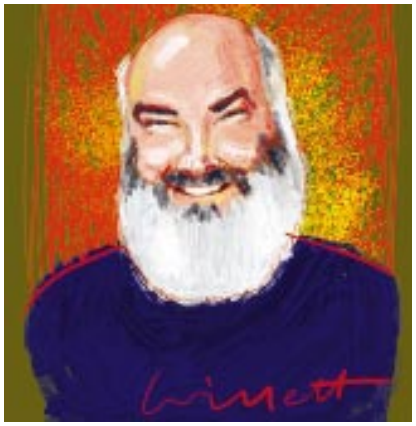
Linda Bryder *senior lecturer in history, University of Auckland, New Zealand*

Reviews are rated on a 4 star scale (4=excellent)

The human league

The pioneers of the integrated medicine movement include an author of bestselling self help books and a scientist and educator who views himself as an artist as well as a doctor

Andrew Weil



Andrew Weil has been called many things—"America's favourite doctor," the "serene rebel," and, according to Arnold Relman, editor emeritus of the *New England Journal of Medicine*, a "manipulator" and a "zealot." Whatever your point of view, there is no doubt that this Harvard educated doctor is a force to be reckoned with.

His degree in botany (also Harvard) and training in alternative therapies in India, China, and on Native American reservations have also been put to good use, and in the United States he is generally viewed as the sane face of alternative medicine. A record breaking one million people a month log on to his website (www.askdrweil.com), where he gives holistic answers to their health queries. His eight books on health and wellbeing—titles include *Spontaneous Healing* and *Eight Weeks to Optimum Health*, which is a programme designed to improve health through diet, exercise, and spiritual rejuvenation, have spent weeks at the top of the bestseller lists.

His main objection to western medicine is that it is "too disease oriented" and "makes people believe they are helpless, when in fact they have an amazing capacity for health and healing." He thinks that the importance of treatments and the role of doctors should be put in perspective. For example, he believes that it is the body's immune system rather than antibiotics that really cures pneumonia: "All the antibiotics do is reduce the number of germs to the point where the immune system can take over. The body's healing system is the real cure."

He also maintains that the true purpose of doctors and medicine should be to facilitate this healing process, and he is the pioneer behind the integrative medicine movement in the United States. This holistic approach includes merging the best of conventional medicine with respected alternative therapies. It was born out of the growing gap between what patients want from their doctors and what these doctors are trained to do. According to Weil, "American medicine is in trouble. The public are frustrated, hospitals are going bankrupt, and medical schools are merging or laying off faculty. It must change, and an integrative approach is one answer."

He is a man with a mission. His aim is to reshape US health care by changing the way that medicine is taught. He is already making this a reality. His programme in integrative medicine at the University of Arizona offers two year fellowships to doctors who have completed residencies in primary care specialties. The curriculum, which he hopes will be adopted by other medical schools, includes training in alternative therapies, spirituality, and nutrition (see www.integrativemedicine.arizona.edu for more details). There is also an internet based distance learning course which is vastly oversubscribed.

It is clear that, whatever you may think of him, Andrew Weil, and his work, should be taken seriously.

David Reilly

When David Reilly was a fourth year medical student at Glasgow University and disillusioned with the mechanical and disease oriented medicine he was being taught, he vowed that he would try to change it. He has done a good job so far. Over the past two decades he has worked tirelessly to advance the concept of individualised, whole person care and the importance of the "therapeutic consultation"—the way in which doctors interact with patients. This has led him down many different roads.

After graduating with commendation in 1978, he went on to achieve an MRCGP and MRCP, but this was not enough. Conscious of medicine's weakness in treating patients holistically, he also studied a range of "healing systems," including homoeopathy, acupuncture, and hypnosis, and became lead consultant at Glasgow's NHS Homoeopathic Hospital 10 years ago. The hospital takes an "integrative care" approach that combines orthodox and selected complementary and alternative therapies, with an emphasis on whole person care, and receives over 250 referrals a month from all over Scotland. His vision of creating a place of beauty and healing within the NHS was realised with the opening of the new hospital building in 1999, which, according to Glasgow City Planning Department, "set a new standard that other new hospitals must aspire to meet."

Although his key interest is still treating and helping his patients, Reilly is motivated as both a scientist and educator to improve the way in which doctors treat their patients. His landmark paper "Young doctors' views on alternative medicine," which was published in the *BMJ* in 1983, showed that 80% of them wanted some training in this field and it sparked international debate. It also launched him into education and research.

Since they began in 1985, his postgraduate courses in homoeopathy have attracted 20% of Scotland's general practitioners and shown the feasibility of integrating selected elements of complementary medicine into everyday NHS practice. He also teaches a module on human healing to third year medical students at Glasgow University, which examines the divides between mind and body and between art and science.

His research programme examines the effect of therapeutic consultations in addition to using robust methodologies to study the scientific validity of complementary therapies and whether the "placebo hypothesis" is a possible explanation for their effect.

His own view of his work is that it has "helped challenge views on both sides of the orthodox-CAM [complementary and alternative medicine] divide. It has shown the interest in this area among health carers and students and helped establish the feasibility and credibility of examining CAM scientifically." He also feels that it "has questioned the value of CAM, emphasising the need in orthodox medicine for a more whole person perspective which CAM brought into focus, while showing that some elements of CAM are valid and useful."

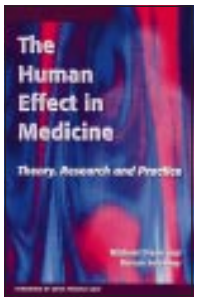
His current challenge is to create, teach, and promote therapeutic consultations. This includes developing the work of the charity Ad Hominem—"Towards the individual"—which he founded with colleague Bob Leckridge. Its aim is to encourage the development of individualised care, and it supports education programmes on holism, research into the therapeutic consultation, and integrating art and science. He hopes that it will help establish a centre for human healing.

Despite all his many professional qualifications, numerous scientific publications, and 30 board memberships, David Reilly views himself as an artist as well as a doctor. He believes that his work is enriched by developing his creative talents as a musician and writer and has coined the term "artience"—bridging science and art.

Rhona MacDonald *BMJ*

The Human Effect in Medicine: Theory, Research and Practice

Michael Dixon, Kieran Sweeney



Radcliffe Medical Press, £17.95, pp 176
ISBN 1 85775 369 0

Rating: ★★★

Ever since the Enlightenment, medical science has sought to regard the human body as an object that can be analysed scientifically, and its "defects" have been treated accordingly. The subjective experience of the human mind has been marginalised and the inextricable mutual dependence of body and mind within a unique individual ignored. Only now are we rediscovering the extent to which the objective body responds to the values, aspirations, and emotions of the subjective mind. Each individual has the capacity to respond to care and concern from others, and this is the foundation of "the human effect" in medicine. This book explores the increasingly impressive evidence of the power of this effect.

When threatened by the unpredictability of illness, the primordial human solution has been to seek out another individual in whom to place trust. Within this tradition, a strong empathic relationship between doctor and patient can help the patient to feel less alone and less afraid. When this happens patients can begin to feel more in control of their illness, more able to cope, and, thus, able to be themselves. Evidence suggests that this direct human effect is the basis of the long recognised power of the placebo. The emerging science of psychoneuroimmunology is showing us the pathways involved in this placebo effect. Dixon and Sweeney do us an enormous service by the coherence of their thesis and their painstaking collation of the relevant evidence.

However, their enthusiasm is such that they start to succumb to the Bevanite fallacy that the exploitation of these new realisations will lead to the control of illness and disease on a scale that will reduce the need for conventional health care. This remains far from proved, and their argument is weakened by an almost complete omission of any sociopolitical critique. This leads, ultimately, to the assertion that coronary artery disease can be largely prevented by changes in behaviour and attitude. This is dangerously simplistic in the absence of any analysis of the failures of social justice that underlie behaviour and attitudes and which generate poverty and powerlessness, culminating in illness, disease, and premature death.

The authors' exclusive reliance on science based knowledge makes the discussion of empathy seem a little superficial. Surely if medicine is, at last, to pay due regard to the subjective in human experience, it must begin to incorporate knowledge and wisdom from the long traditions of humanistic study in literature and art, where the subjective has always held the pre-eminent position.

Per Fugelli contends that "Medicine = biology × individuality × culture × (politics)^2." The recent history of medicine has been dominated by biology. This book perpetuates the neglect of culture and politics but makes a major contribution in reasserting the vital importance of the individual capacity for healing.

Iona Heath *general practitioner, London*

WEBSITE OF THE WEEK

Regulation of integrated health care A simple web search on any health related topic finds an unmanageable number of sites of varying reliability. Integrated medicine is no exception. Quackwatch is a non-profit making organisation whose purpose is to "combat health related frauds, myths, fads and fallacies." The term "quackery" derives from the word "quacksalver"—someone who boasts about his salves—and modern dictionaries define "quack" as a pretender to medical skill. These definitions suggest that the promotion of quackery involves deliberate deception, but according to Quackwatch (www.quackwatch.com), many promoters sincerely believe in what they are doing. Therefore, Quackwatch defines quackery as "anything involving overpromotion in the field of health." This includes questionable ideas, products, and services. Quackwatch has a name and shame policy and many categories, including "questionable books," "questionable treatments," and "questionable people." They are always on the lookout for experts who can donate a few hours of their time, and an application form can be downloaded from the home page.

An "unreactive, careful and balanced analysis" is the method adopted by the independent charity HealthWatch, which has BBC presenter Nick Ross as president. It does not have the manpower to review websites regularly, but its own site (www.healthwatch-uk.org) has some useful information, including an archive of its newsletters.

An information pack called *Primary Care Guide to Complementary Medicine*, and a summary booklet for clinicians, look at the six main complementary therapies and detail the relevant qualifications and the bodies responsible for registration. They have been produced jointly by the Department of Health, the NHS Alliance, the National Association of Primary Care, and the Foundation for Integrated Medicine. Both can be downloaded in PDF format from all of the websites (www.doh.gov.uk, www.nhsalliance.org, www.primarycare.co.uk, and www.fimed.org). The final site also gives details on how to order the book *Integrated Health Care: a Guide to Good Practice*, which is well worth a read and is available from the BMJ Bookshop.

Rhona MacDonald
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NETLINES

Here are some of the more reliable websites on complementary medicine

http://dir.yahoo.com/Health/Alternative_Medicine—The alternative health section of one of the web's most comprehensive and encyclopaedic search engines. It catalogues every imaginable therapy, so beware.

http://nccam.nih.gov/—The National Centre for Complementary and Alternative Medicine is dedicated to "exploring complementary and alternative healing practices in the context of rigorous science, training researchers, and disseminating authoritative information."

www.healthy.net/clinic/therapy—Provides in depth information about a range of therapies as well as discussion forums, conference listings, and other resources and publications.

www.medical-acupuncture.co.uk—Website of the British Medical Acupuncture Society (BMAS). It contains a wealth of general and research information.

http://herbmed.org—An evidence based resource for herbal information, with hyperlinks to clinical and scientific publications.

http://homeopathyhome.com—Has current and comprehensive coverage of a wide range of resources, including a reference library section of full text articles. It has links to non-commercial sites and societies.

Rhona MacDonald *BMJ*

With thanks to Mary Gooch, British Library of Homeopathy (www.hom-inform.org)

Bodies of Evidence: Medicine and the Politics of the English Inquest, 1830-1926

Ian A Burney

Johns Hopkins University Press, £31, pp 176
ISBN 080186240X

Rating: ★★★

For centuries, unnatural deaths in England have been subject to the scrutiny of a coroner's inquest—designed to determine a conclusive means of death in cases involving accidental or potentially criminal causation. In *Bodies of Evidence* Ian Burney chronicles the last century of the inquest, telling the tale of its medical and political reformers.

Inquiry into mysterious deaths was initially seen as a duty of the government, to ensure the safety of its citizenry. In July 1839 Middlesex coroner Thomas Wakley investigated the death of Julius Thomas Pampe, a man who had gone to sleep in allegedly perfect health never to wake again. Though the coroner's preliminary investigation indicated that Pampe probably passed on by natural causes, Wakley urged the jury of lay citizens to use any means necessary—including a post mortem—to reach certainty. In doing so, Wakley changed the way in which post mortems were used.

Until that point, post mortems had only been for cases with "well-grounded suspicion of wrong-doing." Wakley, however, wanted the inquest to be guided by medical observations and for there to be a shared sense of control between the medical expert and the citizens who served on the inquest panel.

Parliamentary action also served to refocus inquests in England. The Registration Act of 1836 called for a larger record of fatalities. Subsequently, interpreting mortality returns fell not only on the shoulders of Dr William Farr, superintendent of the General Register Office, but also on local councils. The act had the effect of "homogenising" deaths—some detractors found that it reduced humans to mere numbers and thought it offensive and heartless. More specific information was therefore sought, and the once acceptable and amorphous "other" category (for inconclusive deaths) became the subject of further reform.

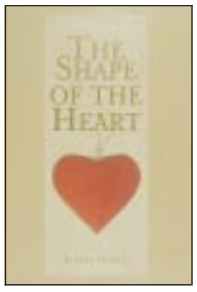
During the 19th century, most inquiries into unexpected deaths took place in public areas. A study published in the *BMJ* in the 1870s found that nearly 95% of all inquests in Liverpool took place within the confines of the local pub. In 1875 legislation called for the construction of public mortuaries and coroner's courts, thus validating the medicalisation of the inquest as envisaged by Wakley decades before.

Using case studies, Burney discusses these various reforms of the coroner's inquest, from Wakley's tenure through to the birth of the modern pathologist. A hearty 63 page reference section confirms the rigour of Burney's work, in which he has used primary source material whenever possible. The book promises to enthral not only the medical historian and philosopher but also today's doctors contemplating their relationship with the rest of society.

Michael F Maltese *freelance writer and historian, Williams College, Massachusetts, USA*

The Shape of the Heart

Pierre Vinken



Elsevier, £12.82, pp 206
ISBN 0 444 82987 3

Rating: ★★★

Have you ever wondered why the iconographic representation of the heart differs from its true anatomical shape? This question has intrigued Dr Pierre Vinken, a former neurosurgeon turned publisher, who explores this intellectual conundrum in this historical monograph.

In 1962 the art historian Erwin Panofsky was similarly perplexed. He noted that the valentine heart shape has been used since prehistoric times and was seen in Palaeolithic cave paintings in Spain. The first chapter of Vinken's book surveys the representation of the heart in these ancient times. We learn, for example, that the oldest known representation of the heart is the 3000 year old Olmec effigy vessel found in Mexico. Hippocrates described the heart as round and pyramid shaped, while Galen, who exerted medical influence for centuries, described the heart as a cone with the tip pointing downwards.

In the 14th century Guy de Chauliac described the heart as an inverted pine cone with the tip pointing downwards, not up—a description that was essentially unchanged in the works of Vesalius and even in *Gray's Anatomy*. This pine cone representation was used in medieval Spain, where large numbers of "heart shaped" silver gilt boxes were produced. Early pine cone representations of the heart can be seen in the early 14th century paintings of Giotto's Caritas in Padua. Scalloping of the heart in icons was noted in medieval times, perhaps because it was thought that the heart had three chambers instead of two, as was previously thought. This fundamental error can be attributed to Aristotle, and it was continued in the writings of Avicenna's *Canon*.

The final section of the book covers the contribution of the Dutch grammarian Hendrik Spiegel to the debate about the heart's shape. Spiegel was the author of a famous allegorical Dutch poem "Hertspiegel" (Heart mirror), which was essentially a long introspective series of books about his views on moral philosophical issues. Spiegel's allegory, devoted to a cave shaped like the interior of the human heart, was turned into an engraving by the artist Saenredam as the Antrum Platonicum. The complexity of meaning and symbolism about the heart in Spiegel's work are explained here in some depth.

This monograph has been well researched and is profusely illustrated with black and white drawings. The footnotes are scholarly, and the reference list is extensive. It is an interesting and unusual contribution to the literature on medical history.

Arpan K Banerjee *consultant radiologist, Birmingham Heartlands and Solihull NHS Trust*

PERSONAL VIEW

The best of both worlds

Good health is important to everyone and it is vital that all aspects of healthcare provision are of the highest quality. No one has a monopoly on medical knowledge and it seems to me that we must adopt the best from both orthodox western medicine and other traditions.

AP PHOTO/JOHN STILWELL

The concept of integration remains close to my heart. For me this starts with the integration within each individual of the body, mind, and spirit through to the holistic development of the whole person. It extends to the relationship between that person and those around them. Part of this is being part of a community where people value and respect each other's beliefs and where no racial, religious, or cultural barriers exist. That is why, for me, integrated medicine is more than simply about curing disease and symptoms. It is about encouraging individual responsibility for one's own health. It is about the provision of integrated healthcare for the whole community. A wholesome environment nurtures healthy individuals.

My interest in encouraging a more holistic view of healthcare first came to public notice when I was president of the BMA in 1982. The response then to my suggestion that "today's alternative might be tomorrow's orthodoxy" produced a somewhat tepid response. But attitudes, I believe, are changing, driven by the public's rapidly growing interest in complementary and alternative medicine. Indeed the debate is now under way about the benefits of bringing the best of orthodox and complementary care together.

As both the founder and president of The Foundation for Integrated Medicine, I have been encouraged by the increasingly warm reception its work receives.

There is no doubt that orthodox medicine has already begun to respond to the benefits which complementary medicine offers. In 1982, I suggested that orthodox medicine itself, was, to a measure, off-balance—I likened it to the leaning Tower of Pisa. I recognise that, since then, many orthodox practitioners, including doctors and nurses, have expressed an interest in redressing this balance. Many indeed have already integrated approaches, formerly seen as "alternative," into the way they deliver their services. They have already begun to form partnerships with complementary practitioners. Now I believe there are fresh challenges.

I would now ask healthcare professionals to consider what needs to be done to take forward this more integrated approach. Although I am greatly encouraged by the progress that has been made, I do not believe that the original imbalances, which led to the rise of complementary medicine, have yet been adequately redressed. I feel strongly that there is still a need for further changes in the way medicine is taught, practised, and researched.

It is the education of tomorrow's healthcare professionals that will determine how people are treated in the coming century. I fervently hope that the humanity and openness that our future healthcare professionals possess will be valued and nurtured by the new training programmes and the broader approaches to learning, so that their vision and commitment to caring can be harnessed alongside their ever increasing technical expertise.

We also need to consider what changes are needed in the way we deliver healthcare. Many patients feel rushed and confused by seeing a different doctor each time they visit and many healthcare professionals feel frustrated and dissatisfied at being unable to deliver the quality of care they would like in today's overstretched health service.

It would be a tragic loss if traditional human caring had to move to the domain of complementary medicine, leaving orthodox medicine with just the technical management of disease.

There is also a need for more broad-based research. We now need to better evaluate the holistic dimensions of care. This need is common to orthodox and other approaches. We are spending enormous sums of money on both orthodox and, increasingly, complementary health. There is an urgent need for more research not only into the efficacy of complementary medicine, but also into the benefits of combining the two systems. Appropriate research methods must be developed to evaluate the impact of this new approach to care which places the patient at the centre of their own healing process.

It would be a tragic loss if traditional human caring had to move to the domain of complementary medicine

I strongly believe that the way forward is to create a more inclusive system that incorporates the best and most effective of both complementary and orthodox medicine. We must give patients choice where appropriate, and the best of all worlds whenever it is possible.

HRH Prince Charles

SOUNDINGS

Say nointy-noine

As every television presenter knows, credibility in the new millennium means having an accent. This varies with the target audience. For the young, Essex is the linguistic place to be. The middle aged prefer Ireland, Wales, or Barnsley. Traditional BBC English is aimed at the over 70s.

The public is being conditioned to mistrust upper class speech, not just in Britain, where it is mocked, but worldwide. The archetypal villain in a Hollywood movie sounds like George Sanders. The baddie in *The Lion King* was suavely voiced by Jeremy Irons. Bob the builder, by contrast, is the laddish Neil Morrissey.

Our politicians understand this. The health secretary keeps his speech just this side of Paul Gascoigne and even the prime minister affects vaguely regional consonants. Imagine how well the Social Democrats might have done if Lord Jenkins had remained a boyo from the valleys and Lord Owen had retained his Devon burr.

Medicine has always been a way for clever people of humble origins to better themselves, and one of the first things we did was to learn to talk proper. Sadly, we have overdone it. Nowadays the popular stereotype of the hospital consultant is someone who talks like a 1950s government information film.

We need to rethink our vocal image. This includes the Scots, I'm afraid. People are wising up to the fact that Educated Scottish is the equivalent of Oxford English. Edinburgh graduates are starting to pretend they come from Glasgow. They sit up and take notice whenever Sir Alex Ferguson gives a soundbite.

There are limits, of course. The Queen may have famously toned down her cut glass accent over a lifetime of Christmas broadcasts but she has not yet become an eastender. The medical profession, to regain the top spot in public esteem, needs to relocate from Harley Street but no further than the North Circular Road.

Our leaders should start practising their glottal stops before their next meeting with those influential government advisers. And when they talk to the media, the aim should be to sound fractionally more downmarket than the interviewer. What about the rest of us, and our patients? No worries, mate. According to all the evidence, patients are far too busy reading our body language to care about our vowels.

James Owen Drife *professor of obstetrics and gynaecology, Leeds*